

Life Events

You can make changes to certain benefit elections during the year only if you experience a life event. You can request changes that are consistent with your life event by notifying your Personnel Assistant within 30 days after the date of the event (60 days for birth and adoption for health and dental.) Depending upon the life event, you may be required to submit documentation of the event. If you do not notify your Personnel Assistant within 30 days (60 days for birth and adoption for health and dental) following the event, you will not be able to change your benefits until the enrollment and change period for the next calendar year or with a designated OPEN dental enrollment opportunity.

Event	Health Insurance	Dental Insurance	Health FSA	Dependent FSA	Supplemental Life Insurance
Change in Your Legal Marital Status					
Marriage	<p>You may enroll in coverage and/or add eligible family members.</p> <p>You may change your health plan if you are adding eligible family members.</p> <p>You can cancel coverage if you become covered by your spouse's health plan.</p>	<p>You may add your spouse and spouse's eligible family members to your existing dental plan.</p> <p>You can cancel your coverage if you become covered by your spouse's dental plan but can only re-enroll during a designated open dental enrollment period.</p>	<p>You can enroll, increase or decrease your contribution.</p> <p>You can cancel your contribution if you become covered by your spouse's health FSA plan.</p>	<p>You can enroll or increase contribution if marriage increases dependent care expenses.</p> <p>You can decrease contributions if the family elects dependent care assistance under spouse's plan or marriage decreases dependent care expenses.</p>	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Divorce Legal separation* Annulment	<p>You must remove your former spouse and former spouse's eligible family members from coverage.</p> <p>You cannot remove other dependents from coverage unless they are added to your former spouse's plan.</p> <p>You can enroll yourself in coverage and add dependents if the event causes loss of coverage under former spouse's plan.</p> <p>You can change your health plan if you are adding dependents that lost coverage under your former spouse's plan.</p>	<p>You remove your spouse and spouse's eligible family members from coverage.</p> <p>You cannot remove other dependents from coverage unless they are added to your former spouse's plan.</p> <p>You can add dependents to your existing dental plan if the event causes loss of coverage under former spouse's plan.</p>	<p>You can decrease your contribution to reflect loss of your spouse's eligibility.</p> <p>You can enroll or increase your contribution if coverage is lost under your spouse's health or health FSA plan.</p>	<p>You can enroll or increase contributions if event increases dependent care expenses or causes loss of coverage under spouse's plan.</p> <p>You can decrease contributions if event decreases dependent care expenses.</p>	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
* Only allows removal of spouse from health and dental coverage.					

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Spouse's death	<p>You will remove your spouse from coverage.</p> <p>You may enroll in coverage or add any dependent that loses coverage under your deceased spouse's plan.</p> <p>You may change your health plan if you are adding dependents that lost coverage under your deceased spouse's plan.</p>	<p>You will remove your spouse from coverage.</p> <p>You may add any dependent to your existing dental plan that loses coverage under your deceased spouse's plan.</p>	<p>You can decrease your contribution to reflect loss of your spouse's eligibility.</p> <p>You can enroll or increase your contribution if coverage is lost under your deceased spouse's plan.</p>	<p>You can increase contributions if event increases dependent care expenses or causes loss of coverage under your deceased spouse's plan.</p>	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Change in the Number of Your Dependents					
Adoption Birth Placement for Adoption	<p>You can enroll yourself or add newly eligible dependent, spouse and other dependents.</p> <p>You can also change your health plan if you are adding eligible family members.</p> <p>You can cancel coverage if you become covered by your spouse's health plan.</p>	You can enroll the newly eligible dependent.	You can enroll to contribute, continue your contribution or increase your contribution.	You can enroll to contribute, continue contributions or increase your contribution if the event increases dependent care expenses.	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Dependent is no longer eligible because of age, student status or marital status.	You can only cancel coverage for dependent that is no longer eligible.	You can only cancel coverage for dependent that is no longer eligible.	You can decrease or cancel contribution.	You can decrease contribution or cease contributing if you have reduced dependent care expenses.	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Dependent becomes eligible again by becoming a full-time student.	You can enroll the newly eligible dependent.	You can enroll the newly eligible dependent.	No change is allowed.	No change is allowed.	No change is allowed.

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Dependent's death	You can only cancel coverage for the deceased dependent.	You can only cancel coverage for the deceased dependent.	You can decrease contribution or cancel contribution.	You can decrease contribution or cancel contribution if you have reduced dependent care expenses.	<p>You can enroll or increase the amount of your coverage. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Change in Your Employment Status					
Change in your bargaining status.	You can change your health plan only if your current health plan is not offered as a result of the change in bargaining status.	No change is allowed.	No change is allowed.	No change is allowed.	You can increase or decrease coverage if the benefits are different between the bargaining classes. You must complete a new enrollment form.
Promotion, demotion or transfer with no change in bargaining status.	No change is allowed.	No change is allowed.	No change is allowed.	No change is allowed.	No change is allowed.
Loss of employee's coverage.	Coverage for you and eligible family members ceases at the end of the month in which coverage is lost. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare.	Coverage for you and eligible family members ceases at the end of the month in which coverage is lost. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee or while you are employed elsewhere or looking for employment.	Your coverage ceases at the end of the month in which coverage is lost. You may pay for continued coverage under the conversion privilege or portability provision.
Change in scheduled hours from 40 hours per week to 39 – 30 hours per week.	Your current coverage will remain in effect.	Your current coverage will remain in effect.	Your current coverage will remain in effect.	Your current coverage will remain in effect.	No change is allowed.
<u>Full-time to Part-time</u> Permanent change in scheduled hours from 40 hours per week to 29 – 20 hours per week.	<p>If enrolled, you can cancel coverage.</p> <p>If enrolled in family coverage, you can cancel eligible family members.</p> <p>You may change your health plan.</p>	<p>If enrolled, you can cancel coverage.</p> <p>If enrolled in family coverage, you can cancel eligible family members.</p>	No change is allowed.	No change is allowed.	Your coverage ceases at the end of the month in which coverage is lost. You may pay for continued coverage under the conversion privilege or portability provision.

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<u><i>Full-time to Not Benefit Eligible</i></u> Permanent change in scheduled hours from 40 hours per week to less than 20 per week (less than 30 hours for life insurance).	Coverage for you and your dependents ceases at the end of the month. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare.	Coverage for you and your dependents ceases at the end of the month. You may pay for continued coverage through COBRA for up to 18 months, if not eligible for Medicare.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA.	Contributions cease.	Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion privilege or portability provision.
<u><i>Not Benefit Eligible to Benefit Eligible</i></u> Change in scheduled hours from less than 20 hours per week to 20 – 40 hours per week (health, dental and FSA); 30 – 40 hours per week (life insurance).	You can enroll you and your eligible family members in coverage.	You can enroll you and your eligible family members in coverage.	You can enroll in coverage.	You can enroll in coverage.	You can enroll in coverage.
<u><i>Part-time to Full-time</i></u> Permanent change in scheduled hours from 29 – 20 hours per week to 30 – 40 hours per week.	You can enroll you and your eligible family members in coverage.	You can enroll you and your eligible family members in coverage.	No change is allowed.	No change is allowed.	You can enroll in coverage.
Rehired less than 30 days after termination of employment.	Reinstate to prior plan election or you may make a new election similar to a new hire.	Reinstate to prior plan election or you may make a new election similar to a new hire.	Reinstate prior contribution.	Reinstate prior contribution.	Reinstate prior coverage.
You or Your Spouse's Retirement					
Employee's retirement (non-SLIP)	Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire. Eligible for retiree health coverage. You can change your health plan at the time of retirement. As a retiree, you can change to single coverage anytime throughout the year.	Coverage, as an active employee, for you and eligible family members ceases at the end of the month in which you retire. Eligible for retiree dental coverage. As a retiree, you can change to single coverage anytime during the year.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee.	Your coverage ceases at the end of the month in which you retire. You may pay for continued coverage under the conversion privilege.

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Employee's retirement (SLIP)	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month.</p> <p>Eligible for retiree health coverage. You can change to a health plan with a lower total premium at the time of retirement. As a retiree, you can change to single coverage anytime throughout the year.</p>	<p>Coverage, as an active employee, for you and eligible family members ceases at the end of the month.</p> <p>Eligible for retiree dental coverage. As a retiree, you can change to single coverage anytime during the year.</p>	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee. You may continue participation on an after-tax basis through COBRA.	Contributions cease. You can continue to submit claims but only for expenses incurred while you were an eligible employee.	Your coverage ceases at the end of the month. You may pay for continued coverage under the conversion privilege.
Spouse is a SLIP participant and exhausts his/her SLIP account or SLIP eligibility ends	<p>You can enroll your spouse in coverage.</p> <p>You can change your health plan.</p>	No change is allowed.	Not applicable	Not applicable	Not applicable
Spouse loses coverage due to retirement or spouse loses retiree coverage	<p>You can enroll your spouse in coverage.</p> <p>You can change your health plan.</p>	No change is allowed.	Not applicable	Not applicable	Not applicable
Commencing or Returning from a Leave of Absence (including FMLA)					
Commence unpaid leave less than 30 days.	No change	No change	Contributions and coverage cease.	Contributions and coverage cease.	No change is allowed.
Commence unpaid leave in excess 30 days.	<p>You are billed for the total cost of any premiums due. Premiums are paid with after-tax dollars.</p> <p>You can cancel your coverage.</p> <p>You may change your health plan.</p>	<p>You are billed for the total cost of any premiums due. Premiums are paid with after-tax dollars.</p> <p>You can cancel your coverage.</p>	Contributions and coverage cease.	Contributions and coverage cease.	No change is allowed.

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Commence unpaid FMLA leave in excess 30 days.	<p>You are billed for any premiums due at the same cost sharing agreement as active employees Premiums are paid with after-tax dollars.</p> <p>You can cancel your coverage.</p> <p>You may change your health plan.</p>	<p>You are billed for any premiums due at the same cost sharing agreement as active employees Premiums are paid with after-tax dollars.</p> <p>You can cancel your coverage.</p>	Contributions cease. Elect to continue contributions. Contact your Personnel Assistant for details.	Contributions and coverage cease.	No change is allowed.
Return from unpaid leave or unpaid FMLA in excess 30 days.	<p>Reinstate prior election.</p> <p>You may change your health plan.</p>	Reinstate prior election.	Reinstate prior contribution or make a new election.	Reinstate prior contribution or make a new election.	Reinstate prior coverage
Commences paid leave (assuming event does not affect eligibility for coverage).	No change is allowed.	No change is allowed.	No change is allowed.	No change in contributions. Coverage cease.	No change is allowed.
Return from paid leave in excess 30 days.	No change is allowed.	No change is allowed.	No change is allowed.	No change is allowed.	No change is allowed.
Change in your Spouse's or Dependent's Employment Status					
Spouse terminates employment.	<p>You may enroll in coverage and/or add eligible family members if they lost coverage under the spouse's plan.</p> <p>You can change your health plan if you are adding dependents that lost coverage under your spouse's former plan.</p>	If your spouse's termination of employment was due to plant closing, layoff or discharge, you can change from single to family coverage and add your spouse and other eligible family members covered under spouse's former plan. Involuntary Loss of Coverage Form is required.	Enroll or increase contribution if spouse's termination adversely affects eligibility for coverage under spouse's health or health care FSA plan.	Enroll, cancel coverage or decrease contribution if your spouse's termination decreases dependent care expenses or dependent care FSA plan.	<p>You may enroll or increase in life coverage if your spouse is no longer employed which resulted in a loss of group life insurance. Satisfactory evidence of insurability is required.</p> <p>You can cancel or decrease the amount of your coverage.</p>
Spouse or dependent commences employment.	You may cancel coverage for you and/or eligible family members if you become covered by spouse's health plan.	You may cancel coverage for you and/or eligible family members but can only re-enroll during a designated open dental enrollment period.	Decrease contribution if family becomes covered under health or FSA plan of spouse.	Enroll or increase contributions if event increases dependent care expenses. Cease or decrease if you become eligible for Spouse's FSA plan.	No change is allowed.

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Other change in spouse's employment status that causes spouse to cease to be eligible for coverage under spouse's plan (e.g., switch from salaried to hourly status).	<p>You may enroll in coverage and/or add eligible family members.</p> <p>You can change your health plan if you are adding dependents that lost coverage under your spouse's former plan</p>	No change is allowed.	Enroll or increase contribution if spouse's employment change adversely affects eligibility for coverage under spouse's health or health care FSA plan.	<p>Enroll or increase contribution if spouse's employment change increases dependent care expenses or causes a loss of eligibility for Spouse's FSA plan.</p> <p>Decrease or cancel contribution if the event decreases dependent care expenses.</p>	No change is allowed.
Other change in employment status that causes spouse or dependent to gain eligibility for coverage under spouse's or dependent's plan (e.g., switch from hourly to salaried status).	You can cancel coverage for you and eligible family members if you become covered by spouse's health plan.	You can cancel coverage for you and eligible family members but can only re-enroll during a designated open dental enrollment period.	Decrease contribution if family becomes covered under health or health care FSA plans of spouse.	Decrease or cease contribution if family becomes covered under spouse's dependent care assistance plan.	No change is allowed.
Change in your Spouse, Dependent or Your Residence					
Employee, spouse or dependent changes residence and becomes ineligible under employer's plan or for current benefit option.	You can change your health plan or cancel coverage if other coverage is available.	No change is allowed.	No change is allowed.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
Employee, spouse or dependent changes residence and becomes newly eligible under employee's plan or for new benefit option.	You can change your health plan.	No change is allowed.	No change is allowed.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
Employee, spouse or dependent changes residence and becomes ineligible under spouse's current benefit option or plan.	You may enroll in coverage and/or add eligible family members.	No change is allowed.	No change is allowed.	Increase or decrease contribution only if child care provider changes.	No change is allowed.

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Employee, spouse or dependent changes residence and becomes newly eligible under spouse's plan or for new benefit option.	You can change your health plan or cancel coverage if other coverage is available.	No change is allowed.	No change is allowed.	Increase or decrease contribution only if child care provider changes.	No change is allowed.
Served with a Judgment, Order or Decree					
Judgment, decree, or order (including QMCSO) relating to health coverage for child.	You can add dependent if required under order. Cancel dependent if other parent provides coverage under order.	You can add dependent to your existing dental plan if required under order. Cancel dependent if other parent provides coverage under order.	You can enroll or increase contribution if you add dependent to coverage. You can decrease or cancel contribution if you drop dependent from coverage.	No change is allowed.	No change is allowed.
You, your Spouse or your Dependent becomes Entitled to Medicare or Medicaid					
Employee, spouse or dependent enrolled in employer's health plan becomes entitled to Medicare or Medicaid.	You can cancel coverage for the eligible family member entitled to Medicare or Medicaid. You can cancel your coverage if you become covered by Medicare or Medicaid.	You can cancel coverage for the eligible family member entitled to Medicare or Medicaid.	You can increase or decrease contribution.	No change is allowed.	No change is allowed.
Employee, spouse or dependent loses entitlement to Medicare, Medicaid, hawk-i, any group health coverage sponsored by a governmental or educational institution.	You can enroll the eligible family member that lost coverage.	You can enroll the eligible family member that lost coverage.	You can increase or decrease contribution.	No change is allowed.	No change is allowed.
Change in cost by your Dependent Care Provider					
Change in your childcare provider rates.	No change is allowed.	No change is allowed.	No change is allowed.	You can increase or decrease contribution that corresponds to new costs.	No change is allowed.
Change childcare provider, or number of hours worked by childcare provider.	No change is allowed.	No change is allowed.	No change is allowed.	You can increase or decrease contribution that corresponds to new costs.	No change is allowed.